**EXHIBIT 6**

CAINE CHIROPRACTIC CENTER
PATIENT NAME: ROY EISNER - 102349

08/18/08 EVALUATION & MANAGEMENT NOTE

History: Patient is seeking treatment for multiple complaints arising from a work related injury on 04/08/08. He describes the injury as and incident where he was attacked by a co-worker in the parking lot at work. Patient states that the attack came as a complete surprise, for which he was not prepared. He states the he was "Pushed to the ground and pummeled" with his head and side hitting the curb during the incident. Patient states that after the accident he went to the E.R. at Lower Bucks Hospital, where he required stitches and had x-rays. Follow-up treatment was provided by his PCP, Dr. Morris and from a chiropractor, Dr. Kerner. Patient describes treatment as including various physiotherapeutic modalities at Dr. Morris' office and chiropractic manipulation from Dr. Kerner. He is also receiving psychotherapy from Dr. Shamis. Patient states that he briefly improved with all forms of treatment at first, but not as much over time, and that he continues to feel better when he receives physiotherapeutic treatment. In regard to the chiropractic care, he states that the symptoms did improve at first, but improvement did not continue. Patient states "I don't think it was helping" and that the chiropractic maneuvers were "Forceful." Patient states he told Dr. Kerner that he was not getting better, but the treatment frequency was reduced to two week intervals anyway. He states that over the past several weeks, the pain had been getting worse, and when he told Dr. Kerner, he recommended a return to a frequency of once weekly. Patient states that he decided to seek treatment here at that point, and because he remembered having a good response to prior chiropractic care at this office. His history is significant for prior treatment at this office for injuries sustained in a motor vehicle accident on 05/12/00. He received treatment here from 11/13/00 until 07/06/01, at which time he was discharged with the complete absence of symptoms and total resolution of the injury. Patient denies any significant neck or back pain after 07/06/01 and had not received any chiropractic or medical care whatsoever after 07/06/01, until this current injury.

Subjective Complaints: (Borg Pain Scale)

1) Neck Pain (8).
2) Low Back Pain (8).
3) Middle Back Pain (6).

Patient also reports that he has a persistent headache, sleep loss, clicking of the joints on motion of his lower neck. He states that he is having a bad day today.

Summary Of Findings: Patient exhibits +3 tenderness in the C/T area, +2 in the L/S area, and he appears to be in moderate discomfort. Intersegmental motion and chiropractic palpatory examination is positive for segmental dysfunction at C1/C2, C5/C6, C7/T1, T4/T5, T8/T9, L2/L3, L4/L5, L5/S1 and (B) SI. There is +2 to +3 paraspinal and extraspinal hypercontraction, myofascitis and Grade 1 trigger points in the C/T and shoulder girdle area (L>R), involving the trapezius, splenius cervicus and capitus, levators, scalenes, infraspinatus, supraspinatus, subclavius, rhomboids, pectoralis and semispinalis; also in the L/S and lumbopelvic area, with involvement of the psoas, iliacus, piriformis, gluteals, TFL and sacrospinalis. There is also paraspinal myofascial involvement of the remaining erectors and the multifidus/rotatore muscles at the levels of segmental dysfunction at C5/C6 and below. Ortho/neuro testing was not provided. Supine cervical stability test is positive. There is also a postural component to the patient's presentation, consisting of an increased upper thoracic kyphosis with anterior head carriage and chin elevation, functionally weak deep cervical flexors as compared to the extensors, and weak rhomboids as compared to the pectoralis resulting in an upper cross syndrome.

Active cervical ROM is as follows:

Flexion: 30/50
Extension: 30/60
Left Rotation: 40/90
Right Rotation: 60/90
Left Lateral Flexion: 25/45
Right Lateral Flexion: 35/45

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Active Thoracolumbar ROM is as follows:

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|---|---|
| Flexion: 75/90 | Extension: 10/30 |
| Left Rotation: 20/30 | Right Rotation: 25/30 |
| Left Lateral Flexion: 20/35 | Right Lateral Flexion: 25/35 |

Radiographic Findings: Patient arrived with a 7 view cervical series and AP and lateral thoracic views made on 04/21/08 at Frankford Health Care System Bucks County. The cervical views in general revealed degenerative changes with apparent spondylosis at multiple levels with osteophyte formation at C4-C5. The lateral cervical view revealed flattening of the cervical lordosis from C3 to C5, a break in George's line with mild anterior displacement of C3 over C4 and anterior compression of the superior aspect of the body of C5. The cervical flexion viewed revealed flexion subluxation of C3 over C4 and C4 over C5 with anterior displacement. The lateral thoracic view revealed an increased upper thoracic kyphosis with degenerative changes, including generalized vertebral body compression, decreased disc space at multiple levels and anterior osteophyte formation and bridging in the upper thoracic spine at T2-T3.

Assessment: The patient sustained an acute cervicothoracic and lumbar sprain/strain injury as well as a closed head injury as a result of the 04/08/08 work related incident. He is only partially recovered and the injury has entered a chronic phase. There is also segmental dysfunction at multiple spinal levels and a persistent myofascial pain syndrome characterized by myofascitis, and trigger points. Cervical, and to a lesser extent, lumbar ROM deficits are present and are caused by muscle hypercontraction/stiffness and mechanical joint dysfunction. This injury is complicated by chronicity, cervical degenerative changes, and probable degenerative changes and possible disc involvement in the lumbar spine. An alternative chiropractic treatment plan is indicated. Treatment will include manual therapies or massage to address persistent muscle hypercontraction and myofascitis and therapeutic functional activities or exercises, as by the patient's description, all prior treatment appears to have been entirely passive. An orthopedic consultation is also indicated and the patient will be referred to Dr. Stempler.

Diagnosis:
Post Traumatic Cervical Sprain/Strain (chronic)
Post Traumatic Thoracic Sprain/Strain (chronic)
Post Traumatic Lumbar Sprain/Strain (chronic)
Post Traumatic Cervicogenic Headache Syndrome (chronic)
Post Traumatic Vertebrogenic Pain Syndrome (multiple levels)
Post Traumatic Segmental Dysfunction (multiple levels)
Post Traumatic Myofascial Pain Syndrome

Initial Treatment Plan: Level 3 E & M plus treatment consisting of CMT (3 to 4 areas) and 4 units (1 hour) of massage therapy. Follow-up treatment will be CMT with 2 units of massage and 2 units of therapeutic activities consisting of PIR/PNF protocols, isometric exercise and core stabilization exercise for the cervical and lumbar spine. The recommended treatment plan is for 2 weekly visits for approximately 6 weeks to be followed by re-evaluation. After treatment, the patient reported appropriate partial relief of symptoms, and will return per the treatment plan established today. The patient is instructed to not receive chiropractic and adjunctive care on any day that he may receive physical therapy treatment at Dr. Morris' office.

Initial Treatment Goals:

1) Reduce symptoms by 60%, or greater.
2) Reduce myofascitis by 60%, or greater.
3) Increase ROM by 60%, or greater.
4) Improve core stabilization and postural habits.

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Prognosis: The prognosis is undetermined. This is because of the chronic nature of the injury, the degenerative changes noted on x-ray and the absence of prior active treatment procedures. A better prognosis will be able to be made after the initial treatment plan and after determining is the initial treatment goals will be met within the specified time frame.

Roger Caine, D.C.